

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213517907</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>State Auto Property &amp; Casualty Insurance Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>BANK OF AMERICA CENTER, 16TH FLOOR</b>  <b>1111 EAST MAIN STREET</b>   <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>IA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F0107013</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1300 WOODLAND AVENUE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WEST DES MOINES, IA 50265</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT P RESTREPO JR  TITLE: P/CEO/CHAIRMAN  ADDRESS: 518 EAST BROAD STREET  CITY/ST/ZIP/CO: COLUMBUS, OH 43215-3976 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT P RESTREPO JR TITLE: P/CEO/CHAIRMAN ADDRESS: 518 EAST BROAD STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-3976	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JESSICA E. BUSS  TITLE: VICE PRESIDENT  ADDRESS: 700 W 4TH ST., STE. 350  CITY/ST/ZIP/CO: KANSAS CITY, MO 64112 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JESSICA E. BUSS TITLE: VICE PRESIDENT ADDRESS: 700 W 4TH ST., STE. 350 CITY/ST/ZIP/CO: KANSAS CITY, MO 64112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
NAME: JESSICA E. BUSS TITLE: VICE PRESIDENT ADDRESS: 700 W 4TH ST., STE. 350 CITY/ST/ZIP/CO: KANSAS CITY, MO 64112	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME: DAVID W. DALTON TITLE: VICE PRESIDENT ADDRESS: 518 E. BROAD ST. CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	NANCY D. EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEVEN E ENGLISH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	518 E BROAD ST		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEVEN R. HAZELBAKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	RICK L. HOLBEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	STEPHEN P. HUNCKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	SCOTT A. JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	KAREN L. LONGSHORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	CHARLES E. MCSHANE, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MATTHEW S. MROZEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP, CAO		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	PAUL E. NORDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JOHN M. PETRUCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	TIMOTHY G. REIK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MARY JEAN REYNOLDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LYLE D. RHODEBECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LORRAINE M. SIEGWORTH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LARRY E. WILLEFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JAMES A YANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/COUNSEL		
ADDRESS:	518 E BROAD ST		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-3976		
NAME:	CYNTHIA A. POWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	SUSAN BOWRON-WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	2955 N. MERIDIAN ST.		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46208		
NAME:	CLYDE H. FITCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	518 E. BROAD ST.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	ROBERT E. BAKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1310 GLEN CEDARS DRIVE		
CITY/ST/ZIP/CO:	MABLETON, GA 30126		
NAME:	DAVID J D ANTONI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	15321 SAVONA WAY		
CITY/ST/ZIP/CO:	NAPLES, FL 34110		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN A. MALLESCH DIRECTOR 1217 SANCTUARY PLACE GAHANNA, OH 43230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E. MARKERT DIRECTOR 45 SHAGBARK DRIVE NEW CANAAN, CT 06840	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. MEUSE DIRECTOR 2200 NORTH COLUMBUS STREET LANCASTER, OH 43130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. ELAINE ROBERTS DIRECTOR 1440 N. JAMES ROAD COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER B. TREVOR DIRECTOR 1987 MY TERM COURT SANIBEL, FL 33957	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL S. WILLIAMS DIRECTOR 35 EAST WACKER DRIVE, STE. 2150 CHICAGO, IL 60601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SUSAN BOWRON-WHITE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN BOWRON-WHITE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/15/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			